


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State


DOCUMENT # M58417
1. Entity Name
CAPO & SONS CORP.



Principal Place of Business
C/O JULIO C. CAPO
1260 N.W. 72ND AVENUE
MIAMI, FL 33126

Mailing Address
C/O JULIO C. CAPO
1260 N.W. 72ND AVENUE
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0004248

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAPO, JULIO
1260 NW 12 AVENUE
MIAMI, FL 33126

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

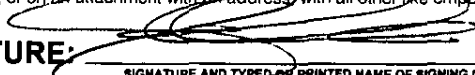
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPO, LUIS 1260 N.W. 72 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPO, CARLOS 1260 N.W. 72 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPO, JULIO 1260 N.W. 72 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPO, PEDRO 1260 N.W. 72 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/08-80048-003 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Julio Capó** 4-14-08 305-572-4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #